Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Priv	ate	
Passenger		C. S. S. H. L.
Commercial		B-1200000
Automobile Physical Dar	mag	
Private Passenger		
Commercial		
Liability Other Than Auto	0	
Burglary and Theft		
Glass		·
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	4,034,968	+2.4%
Life of Insurance		**************************************
Does filing only apply to Classes? If so, specify:	certain territory (territories) or	certain
Organization, specify	. (If filing follows rates of an ac	lvisory
organization):	14CO11L-2013-03	
*Adjusted to reflect all p	rior rate changes	
	premium level which will result	from application of ne
rates,	Grange Mutual Cas	ualty Insurance Company
	2.2	,

L. Alicia Williams - Sr. Commercial Actuary

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	8/1/2014
(1)	(2) Annual Premium Volumo (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercia		
3. Liability Other Than Auto	'	
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	·	
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	35,843	-9.5%
Line of insurance		
Does filing only apply to certain territor	y (territories) or certain classes? If so, specify:	Yes
Book ming only apply to contain territory	, (13/1113/133) 5/ 33/14/1/ 3/433333 1/ 3/	
Brief description of filing. (If filing follow deviations. Exhibit 2 contains the classes to be deviated will be credited	vs rates of an advisory organization, specify of asses to be deviated. The Standard LCM of 1.69	organization): <u>Implementation of class</u> of 1.88 will remain unchanged. The
*Adjusted to reflect all prior rate change **Change in Company's premium level	es. which will result from application of new rates	
	Markal	Insurance Company
		Name of Company
	·	y
	Margaret L. Pollard Se	enior Regulatory Compliance Analyst
		Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
F	Automobile Liability Private		
F	Passenger		
	Commercial	The second secon	
£	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		<u> </u>
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	nland Marine		
	lomeowners		
	Commercial Multi-Peril		
	Crop Hail		
	•	1.610.662	0.00/
Ċ	Other Workers Compensation Life of Insurance	1,610,663	-3.0%
(Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
(Brief description of filing. (If f Organization, specify organization):	filing follows rates of an ac	dvisory
_			
*	*Adjusted to reflect all prior ra **Change in Company's prem	ate changes. nium level which will resul	t from application of nev
*			
*	rates.	Trustgard Insuranc	

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